

WHY DO WE NEED MEDICAID INTEGRATION?

A talking paper for legislators, caseworkers, stakeholders and providers

January 2003

WHAT IS MEDICAID INTEGRATION? Medicaid integration is a multi-administration effort to put high-risk and high-cost clients' needs first. It will combine and streamline complementary services by bringing funding streams together, by reaching out to clients with serious illnesses and multiple program needs, and by centering these different dimensions of care directly on the client.

DSHS PEOPLE AND PROGRAMS: Nearly nine out of 10 clients participating in an annual 2002 Department of Social and Health Services survey rated the agency's performance as significantly improved, and large majorities praised their DSHS programs and staff for helpfulness, quality of services and timeliness of service. Among the significant improvements from year to year were:

- ▷ Program staff explained things clearly. **YES: 83% in 2002;** 79% in 2001.
- ▷ My DSHS program does good work. **YES: 87% in 2002;** 77% in 2001.
- ▷ Overall, DSHS program services have helped me and my family. **YES: 94% in 2002;** 89% in 2001
- ▷ I know what DSHS program services there are for me and my family. **YES: 78% in 2002,** 76% in 2001

WHAT ARE CLIENTS REALLY TELLING US? The clients were less enthusiastic when it came to the system that delivers the services they depend on. The survey also singled out clients who use three or more services from the agency, and asked them specific questions. Asked whether DSHS makes sure services work well together, only 69% of those clients said yes -- compared to 65% in 2001. Asked whether someone from DSHS was available to help clients with services from all programs, only 55% answered yes -- down from 60% in 2001.

WHAT CAN DSHS DO? In their own words, clients answered that question, too. Here are some of the responses from the survey of clients who were asked: What is one thing DSHS can do to improve service?

- ▷ "Have someone in the office who knows about the programs and what services they have, kind of like at the hub of a wheel, who can give information out to all the other staff."
- ▷ "Find a way to have less paperwork."
- ▷ "Streamline the system some way so that one caseworker can follow the case longer."
- ▷ "We should be told about all the support services available to us. The CSO workers do not always tell us these things."
- ▷ "Medical case managers could communicate better with their clients; and, quit rotating the managers so we have the same one each time. Need better information on community resources that are available."



▷ *“DSHS needs one caseperson managing all the services to a client that are administered through DSHS. DSHS should be privatized.”*

▷ **“One-stop-shopping for services. They need to improve communications between the different agencies under DSHS ... They need to reduce the paper work for the clients. I would like to see DSHS incorporate chiropractic services and alternative medicine into the Medicaid program.”**



▷ **“The case worker needs to really listen to the customer to find out if they have a long term or short term need and then have the flexibility to provide services to the customer to meet those needs. Currently, if a person or family doesn't meet a particular criterion, their needs go unmet.”**

▷ *“I believe they need to coordinate information between the different departments of DSHS.”*

▷ **“I feel physicians, once you can find one, will create the situation where you have to return for two or three times for the medical problem you are seeking treatment for when it could have been treated in the initial visit.”**

▷ *“It would help if they could cut the red tape and streamline the process. It seems so impersonal.”*

▷ *“DSHS could communicate with each other better. My financial worker didn't connect me to a social worker or to an incapacity specialist, and I didn't know the difference...now it's too late.”*

▷ **“The left hand doesn't know what the right hand is doing.”**



▷ *“I'd like to see more communication between DSHS departments.”*

▷ *“All the different units could coordinate better; they don't seem to know what each other is doing. Coordinate all the different services together.”*

PROVIDER COMMENTS: DSHS received similar advice from health-care providers who responded to the MIP Request For Proposals last summer. Here is a sampling:



▷ *“To improve services without new funding, waste in the overall system must be identified and eliminated – this is not to be found at any single point of direct service delivery, but is associated with multiple systems, duplication, and delays in providing appropriate services.”*

▷ *“The individuals in these target populations currently have difficulty obtaining appropriate medical and community-based services (access, quality, coordination) – there is case-finding and pent-up demand for services that will increase utilization in some parts of the overall system.”*



▷ *“The project will reduce costs by reducing unnecessary use of emergency rooms, primary health care, and inpatient care by assertively treating people's psychiatric medical conditions so other services are not used unnecessarily.”*

▷ *“It is well known among providers of chronic care that the lack of timely information sharing causes redundancy of services. Lack of timely attention to a low cost screening that has provided early detection of a possible complication to a person with diabetes...It is expected therefore, cost savings will be exponentially increased when providers are in daily and routine communications regarding persons in a partnership care system.”*